

TREATMENT: health information for health care providers for treatment purposes.

Recommendations for data exchange policies: general and sensitive health information.

Assumptions

1. Health care providers will exchange the data elements identified by the patient care workgroup with other providers for treatment purposes. Data elements include:
 - a. Identity/demographics
 - b. Diagnoses/encounter diagnoses
 - c. Medications
 - d. Allergies
 - e. Labs and other diagnostics (results reporting)
 - f. Procedures
 - g. Medical Devices
 - h. Immunizations
 - i. Patient visits and hospitalizations
 - j. Discharge summaries and progress notes
 - k. Patient contact-in-emergency
 - l. Advance directives
 - m. Payer/insurance coverage/eligibility
2. Providers include members of the following professions licensed or certified under Wisconsin law ('health care providers' per WI 146.81):
 - a. Nurse
 - b. Chiropractor
 - c. Dentist
 - d. Physician, physician assistant, perfusionist, or respiratory care practitioner
 - e. Physical therapist
 - f. Podiatrist
 - g. Dietitian
 - h. Athletic trainer
 - i. Occupational therapist or occupational therapy assistant
 - j. Optometrist
 - k. Pharmacist
 - l. Acupuncturist
 - m. Psychologist licensed
 - n. Social worker, marriage and family therapist, or professional counselor
 - o. Speech-language pathologist or audiologist
 - p. Massage therapist or bodyworker
 - q. Partnership of any providers specified under pars. (a) to (hp).
 - r. Corporation or limited liability company of any providers specified under pars. (a) to (hp) that provides health care services.
 - s. Operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility.
 - t. Hospice licensed under subch. IV of ch. 50.
 - u. Inpatient health care facility, as defined in s. 50.135
 - v. Community-based residential facility, as defined in s. 50.01 (1g).
 - w. Rural medical center, as defined in s. 50.50 (11).

Recommendations for Exchanging Personal Health Information for Treatment Purposes

1. Open exchange of all available information to health care providers for treatment in a treatment emergency.
2. Open exchange of general health information to providers for treatment purposes.

EXCHANGING HEALTH INFORMATION FOR TREATMENT DRAFT 8/15/06

3. Exchange sensitive health information in accordance with current controlling law in Wisconsin (see table below).
4. Implement extra technical and/or procedural safeguards (beyond those for general health information) for sensitive information included in exchange.
5. (add appropriate Markle principles regarding access??)

Treatment Under Current Controlling Law (Wisconsin or HIPAA) – and Suggested Changes

Note: For our 8/21 meeting, please be prepared to point out any areas in the grid below where you would like to recommend a law change as part of the eHealth Action plan.

		Identified information for health care providers for treatment purposes		
		Disclose without Consent	Comments	Sugg. Change (yes or no)
Type of health information	General information	Yes		
	Mental health	No	Except in treatment emergency; limited to the part of the records necessary to meet the medical emergency [51.30(4)(b)8.] and within inpatient treatment facility while the patient is still an inpatient on need-to-know basis [51.30(4)(b)6]. Psychotherapy notes as defined by HIPAA - disclose with patient consent only (opt-in).	
	Alcohol/drug abuse treatment	No	Disclose without patient consent to medical personnel for the purpose of treating a medical condition that poses an immediate threat to the health of any individual and which requires immediate medical intervention [42 CFR 2.51(a)].	
	Developmental disabilities	No	Except in treatment emergency; limited to the part of the records necessary to meet the medical emergency [51.30(4)(b)8.] and within inpatient treatment facility while the patient is still an inpatient on need-to-know basis [51.30(4)(b)6].	
	Communicable disease	Yes <i>general info.</i>	Mental health, AODA, Developmental disability: disclose without consent while inpatient or in medical emergency otherwise consent is required. For Public Health Reporting see “public health.”	
	HIV test results	Yes		
	Genetic testing	Yes		
	Adoption (confirm statutes with DHFS experts)	Yes <i>Except pre-adoption records</i>	Records of adoptive child (may extend to relevant information of natural parents) prior to adoption are not available post adoption—even with patient/legal guardian consent. Post-adoption: Disclose general information without patient consent. Court intervention required to provide this information to a provider for treatment from pre-adoption records. Pre-adoption records are provided to the agency facilitating the adoption and managed and/or accessed by legal processes (State of Wisconsin Adoption Records Search Program).	
	Sexual assault	Yes		
	Domestic violence	Yes		

Discussion

1. Some group members expressed a belief that all health information (sensitive or general) should be exchanged without a patient's consent. This position was based largely on:
 - a. *HIPAA*. HIPAA allows exchange of all information; it does not protect "sensitive" information in this way. Suggesting a course of action that counters HIPAA may adversely impact the potential for national or cross-state information exchange.
 - b. *Quality of Care*. An exchange that is limited in the scope of information available may not give providers the information they need to assess patient health and provide treatment.
2. Some group members expressed a belief that sharing some types of sensitive information creates bias in care and treatment (to the detriment of the patient). This can be especially true for patients who suffer from mental illness or substance abuse.
3. Some group members expressed a belief that making all information available to all providers could make patients less likely to share all their medical information (to the detriment of the patient). This can be especially true for patients who suffer from mental illness or substance abuse.
4. Concern about the feasibility of segmenting information and the potential burden on health care providers was expressed. (i.e., could excessive requirements obstruct exchange and limit its potential benefits?). To this end, the group stressed the importance of limiting "provider judgment calls."
5. Concern was expressed about the breadth of information exchanged and the level of procedural and technical safeguards (i.e., the types of information routinely exchanged impact whether opting in or out—or neither—is most appropriate).

Considerations

(list any suggested policy changes here)